OAHU CANDIDATES-SUBMIT 1 ORIGINAL AND 1 COPY

NEIGHBOR ISLAND CANDIDATES-SUBMIT 1 ORIGINAL AND 2 COPIES

### STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

# DISCLOSURE REPORT CANDIDATE COMMITTEE

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PLEASE TYPE OR PRINT CLEARLY WITH INK (INSTRUCTIONS FOR COMPLETING THE DISCLOSURE REPORT CAN BE FOUND IN THE "GUIDEBOOK FOR CANDIDATE COMMITTEES.") SECTION I-CANDIDATE AND CANDIDATE COMMITTEE: SECTION II-TYPE OF REPORT: (a) Candidate Name: UAMPAIGN SPENDING
(See the Schedule of Reporting Dates to complete this section) 1st Preliminary Primary Amended First Second (b) Committee Name: 2nd Preimmary Ma 31 (c) Mailing Address: 3 **Final Primary** Preliminary General E (d) Phone (Bus) (Res) Final Election Period Supplemental SECTION III-SUMMARY OF RECEIPTS AND DISBURSEMENTS (Complete Section IV on the Back of this Form Before Completing This Section) COLUMN A **COLUMN B** ELECTION PERIOD<sup>2</sup> TOTAL THIS PERIOD TOTAL TO DATE Cash on Hand at the Beginning of the Election Period... Cash on Hand at the Beginning of this Reporting Period..... Total Receipts (From Line 15).... 250.00 Subtotal (Add Lines 2 and 3 for Column A and Lines 1 and 3 for Column B)..... 250.00 Total Disbursements (not including Unpaid Expenditures) (From Line 19)..... 5. Cash on Hand at the Closing of this Reporting Period (Subtract Line 5 from Line 4).... 6. Z50.-Total Loans at the Closing of this Reporting Period..... 4,000.-Total Unpaid Expenditures at the Closing of this Reporting Period..... 9. Debts Owed at the Closing of this Reporting Period (Add Lines 7 and 8)..... 10. Surplus/peficit /Subtract Line 9 from Line 6)..... that the information on this report and all attached Schedules are true, correct and complete to the best of my knowledge. hereby certify Candidate Signature

Short Form is checked if the candidate is filing a Preliminary, Final or Supplemental Report and has aggregate contributions and aggregate expenditures for the reporting period totaling \$2,000 or less. Short form reporting requires completion of only Section I, and Section II, and Section III of this Disclosure Report.

An Election Period is the two-year period between general election days if a candidate is seeking nomination or election to a two-year office and the four-year period between general election days if a candidate is seeking nomination or election to a four-year office.

#### SECTION IV-DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS (If Necessary, Complete Schedules A through E Before Completing This Section)

COLUMN A

RECEIPTS COLUMN B **ELECTION PERIOD** TOTAL THIS PERIOD TOTAL TO DATE 11. Contributions From: 11 (a) Individuals/Other Entities/Noncandidate Committees/Political Parties 11(a) Monetary and Non-Monetary Contributions of \$100 or Less..... OO Haita Monetary and Non-Monetary Contributions of More Than \$100..... O 1 (a)(ii) Subtotal (Add Lines 11(a)(i) and 11(a)(ii))..... O D 11(a)(iii) (b) Candidate or Candidate's Immediate Family 1165 Monetary and Non-Monetary Contributions of \$100 or Less..... 11(6)(1) Monetary and Non-Monetary Contributions of More Than \$100..... 25b. 11/6)/IB Subtotal (Add Lines 11(b)(i) and 11(b)(ii))..... 11/61/80 12. Total Contributions (Add Lines 11(a)(iii) and 11(b)(iii)..... 12 13. Public Funds and Other Receipts..... O 13 14. Loans..... 0  ${f O}$ 15. Total Receipts (Add Lines 12 through 14).... 15 DISBURSEMENTS 16. Expenditures. 16 17. Loans Repaid or Forgiven.... 17 18. Unpaid Expenditures Paid or Forgiven..... O 18 19. Subtotal Disbursements (Add Lines 16 through 18)..... 19 20. Unpaid Expenditures.... 20 21. Total Disbursements (Add Lines 19 and 20)..... O 21

	100
CHECK ONLY ONE BOX USE SEPARATE SCHEDULE(S) FOR EACH CATEGORY	BELO
INDIVIDUALS/OTHER ENTITIES/NONCANDIDATE COMMITTEES/POLITICAL PARTIES	
CANDIDATE OR CANDIDATE'S IMMEDIATE FAME.	Y

## STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

# SCHEDULE A MONETARY AND NON-MONETARY CONTRIBUTIONS CANDIDATE COMMITTEE

CANDIDATE A	OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSO. IND CANDIDATE COMMITTEE NAME: John D. KOKUA	Waince IV PAGE Waince	OF	CIAL PURPOSE.
DATE OF DEPOSIT OR RECEIPT OF NON-MONETARY	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF DONOR	FOR AGGREGATES OF \$1,000 OR MORE NAME OF EMPLOYER	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE	
CONTRIBUTION	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION	OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
11.10.04	John D. Waihee IV 3-10% Kahawalu Dr. Hon HI 96617	Trustee	<b>4</b> 250	
	NON-MONETARY CONTRIBUTION			•
TOTAL PARTY.	NON-MONETARY CONTRIBUTION			
	NON-MONETARY CONTRIBUTION			
7				
	NON-MONEYARY CONTRIBUTION			
	☐ NON-MONETARY CONTRIBUTION			
SUBTOTAL OF	MONETARY AND NON-MONETARY CONTRIBUTIONS THE	S PERIOD (This Page)	250	
TOTAL MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (Last Page Only) (Transfer total the applicable Line Number of the Disclosure Report – 11(a)(ii) or 11(b)(iii))			250 250	:-5(A) (Rev. 5/99)

With the exception of loans and unpaid expenditures that are forgiven, non-monetary contributions must also be reported as an "Expenditure" on Schedule B.